

PALOS VERDES LIBRARY DISTRICT

APPLICATION FOR USE OF THE MALAGA COVE LIBRARY - TOWER ROOM

2400 Via Campesina, Palos Verdes Estates, CA 90274 (310) 377-9584 x247

Organization \_\_\_\_\_ Date of Application: \_\_\_\_\_
Purpose of Meeting \_\_\_\_\_ Expected Attendance: \_\_\_\_\_
Day of Week \_\_\_\_\_ Date of Event \_\_\_\_\_ Time \_\_\_\_\_ to \_\_\_\_\_
Contact Person \_\_\_\_\_ Email \_\_\_\_\_ Total # of hours: \_\_\_\_\_
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_
Business Telephone: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_

Check One Below: This rental is an hourly rental, no half hours, and estimated rental should include set-up and cleanup time. For other considerations contact the Administration Office. Fees are payable at time of reservation. Cancellations made at least two weeks prior to event will be refunded, less a \$10 administrative fee. Four-week notice required for use of facility after hours.

- Not-for-profit, open to the public meeting, facility open-----\$10/hr.; facility closed-----\$50/hr.
Not-for-profit, closed to the public meeting, facility open -----\$30/hr.; facility closed -----\$75/hr.
For-profit users, open-to-the-public, facility open-----\$30/hr.; facility closed-----\$60/hr.
For-profit users, closed-to-the-public, or charge to attend, facility open-----\$60/hr.; facility closed-----\$90/hr.

Check all that apply (use of the following at no charge):

- Easel White Board with Marker Flip Chart Other \_\_\_\_\_

PAYMENTS ACCEPTED IN CASH, CHECK OR CREDIT CARDS. TOTAL CHARGES \$ \_\_\_\_\_

PLEASE READ AND SIGN THE ATTACHED MEETING ROOM CHECKLIST. A COPY OF YOUR SIGNED APPLICATION WILL BE GIVEN TO YOU.

The undersigned hereby makes application to the Palos Verdes Library District for the use of the Tower Room premises and certifies that the information given is correct. The undersigned further states that they have the authority to make this application and agrees that the applicant will assume all responsibility for any infraction of the rules and regulations as stated in the PALOS VERDES LIBRARY DISTRICT MEETING ROOM POLICY. Applicant assumes full responsibility for damage to or loss of equipment or furnishings. The undersigned has read and understands the Library Meeting Room Policy.

Signature of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_ Print Name and Daytime Phone Number \_\_\_\_\_

Return signed copy to: Administration Office, Palos Verdes Library District, 701 Silver Spur Road, Rolling Hills Estates, CA 90274, (310) 377-9584 Ext 247/Fax: (310) 541-6807
For Office Use Only: (initial all that apply)
paid confirmed no charge approved by Director approved by Facilities